

## CENTERS FOR MEDICARE & MEDICAID SERVICES REGION IX

NOV 13 2001

75 Hawthorne Street Suite 408 San Francisco, CA 94105

Phyllis Biedess, Director Arizona Health Care Cost Containment System 801 E. Jefferson Phoenix, AZ 85034

Dear Ms. Biedess:

Enclosed is an approved copy of Arizona State plan amendment (SPA) 01-012, regarding standards for the coverage of organ transplant services. I am approving this SPA with the requested effective date of January 1, 2002.

If you have any questions, please have your staff contact Ronald Reepen at (415) 744-3601.

Sincerely,

Linda Minamoto

Associate Regional Administrator

Division of Medicaid

CC:

Joan Peterson, CMS, CMSO, FCHPG Elliot Weisman, CMS, CMSO, PCPG (two copies)

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Revision: HCFA-PM-87-4 March 1987 ATTACHMENT 3.1-E Page 1

State/Territory: Arizona

Standards for the Coverage of Organ Transplant Services

Medically necessary transplant services are available to AHCCCS members who meet nationally recognized criteria for non-experimental, non-investigational organ or tissue transplants.

AHCCCS members are eligible to receive all medically necessary transplant related services with the following exceptions:

- Title XIX SOBRA Family Planning Program members; and
- Federal Emergency Services Program (FESP) members.

AHCCCS members must meet specific prior authorization medical criteria to receive transplant services as specified in the AHCCCS Medical Policy Manual, or in a supplemental part of the AHCCCS Medical Policy Manual.

TN No. <u>01-012</u> Supersedes TN No. 99-009 NOV 13 2001

Approval Date

Effective Date January 1, 2002